

400 168

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH Maricopa		ARIZONA STATE BOARD OF HEALTH	
1. County		BUREAU OF VITAL STATISTICS	State Index - - - No. <u>137</u>
District		Buckeye, Ariz,	County Registrar's - No. _____
Town or City		No. _____	Local Registrar's - No. <u>13</u>
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>Rose Coats,</u>			
(a) Residence. No. <u>1206-W-69th-St. Los Angeles Cal,</u>			
(Usual place of abode) _____ (If nonresident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>F</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Robert Coats</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year)			
7. AGE <u>41</u>	Years	Months	Days
IF LESS than 1 day _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED <u>Housewife,</u>			
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)			
10. NAME OF FATHER <u>Unknown</u>			
11. BIRTHPLACE OF FATHER <u>Unknown</u> (city or town) (State or country)			
12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
13. BIRTHPLACE OF MOTHER <u>Unknown</u> (city or town) (State or country)			
14. Informant <u>Frank Coats</u> (Address) <u>Redlands Cal.</u>			
15. Filed <u>6-6-27</u> <u>G. H. Henderson</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>6-4-27</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____			
<u>Did not attend or see them</u> 19____			
<u>the day</u> h _____ alive on _____, 19____			
and that death occurred, on the date stated above, at _____			
The CAUSE OF DEATH* was as follows:			
<u>Injury and drowning caused by</u>			
<u>an automobile Accident,</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18. Where disease contracted <u>X</u>			
if not at place of death? _____			
Did an operation precede death? <u>X</u> Date of _____			
Was there an autopsy? <u>Inquest</u>			
What test confirmed diagnosis? <u>General</u>			
(Signed) <u>Red Coats</u> M. D.			
<u>6-6-27</u> 19____ (Address) <u>Buckeye, Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
<u>Phoenix Ariz.</u>		<u>6-11-27</u>	
20. UNDERTAKER		ADDRESS	
<u>C. L. Moore & Sons Phoenix Ariz.</u>			